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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: July 8, 2005

TO: Examiner: Woo, Isaac M. : **RE: U.S. Patent Application**
Art Unit: 2162 : **Serial No.:** 09/495,268
Fax: (703) 872-9306 : **Applicant:** Michael O. Cimini et al.
From: Robert B. Reeser, III : **Atty. Dkt. No.:** 13D13211-3)

DOCUMENTS SUBMITTED WITH TRANSMISSION:

- Amendment in response to the Office Action dated April 5, 2005 (13 pgs)
- Amendment Transmittal and Certificate of Mailing/Transmission in duplicate (3 pgs.)
- Certificate of Facsimile Transmission (1 pg):

Total pages including cover page: 20

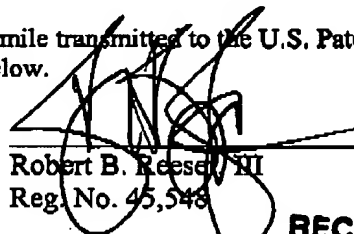
If all pages are not received, please contact: Lisa Schodrowski at Ext. 7447

RE: The above-referenced U.S. Patent Application
Title: Method and Apparatus for Error Proofing
Filed: January 31, 2000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (703) 872-9306 on the date shown below.

Date: July 8, 2005


Robert B. Reeser, III
Reg. No. 45,546

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael O. Cimini et al

Art Unit: 2162

Serial No.: 09/495,268

Examiner: Woo, Isaac M.

Filed: January 31, 2000

For: Method and Apparatus for Error Proofing

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
- Amendment in response to the Office Action dated April 5, 2005 (13 pgs)
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STATUS

2. Applicant
- ☐ claims small entity status.
- ☒ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

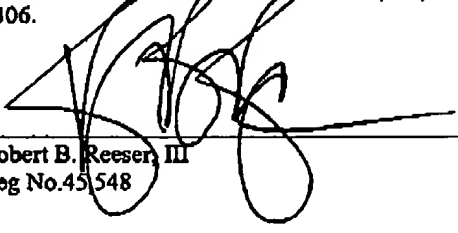
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Date: July 8, 2005

FACSIMILE

☒ transmitted by facsimile to the Patent and Trademark Office to facsimile number (703) 872-9306.



Robert B. Reeser III
Reg No. 45548

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<u>X</u> first month	\$ 120.00	\$ 60.00
_____ second month	\$ 450.00	\$ 225.00
_____ third month	\$ 1,020.00	\$ 510.00
_____ fourth month	\$1,590.00	\$ 795.00
_____ fifth month	\$2,160.00	\$1,080.00

Fee: \$120.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) _____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=	x \$25.00 = \$		x \$50.00 = \$
	MINUS		=	x \$100.00 = \$		x \$200.00 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

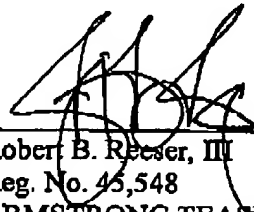
5. Attached is a check in the sum of \$ _____
- ☒ Charge Deposit Account No. 01-2384 the sum of \$120.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


Robert B. Reeser, III
Reg. No. 45,548
ARMSTRONG TEASDALE LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102
314-621-5070

VIA FACSIMILE TRANSMISSION: 703-872-9306

13D13211-3
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael O. Cimini et al

Serial No.: 09/495,268

Filed: January 31, 2000

For: Method and Apparatus for Error Proofing

Art Unit: 2162

Examiner: Woo, Isaac M.

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Date: July 8, 2005

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Robert B. Reeser, III
Reg No. 45,548

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TOTAL INDEP.				x \$25.00 = \$		x \$50.00 = \$
	MINUS		=			
	MINUS		=	x \$100.00 = \$		x \$200.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

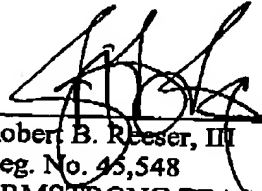
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AT Dkt. No. 13D13211-3

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Applicant: Michael O. Cimini, et al.

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Art Unit: 2172

Serial No.: 09/495,268

Examiner: Isaac M. Woo

Filed: January 31, 2000

For: Methods and Apparatus for Error
Proofing

AMENDMENT

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 5, 2005, Applicants respectfully request
consideration of the following remarks.